

SF 525
DIVISION III
PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN

Sec. 9. PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN AND RELATED SERVICES —
— TRANSITION COMMITTEE.

1. For the purposes of this section, unless the context otherwise requires:
 - a. “Iowa plan” means the contract to administer the behavioral health managed care plan under the state’s Medicaid program.
 - b. “PMIC” means a psychiatric medical institution for children.
2. It is the intent of the general assembly to do the following under this section:
 - a. Improve the reimbursement, expected outcomes, and integration of PMIC services to serve the best interests of children within the context of a redesign of the delivery of publicly funded children’s mental health services in this state.
 - b. Support the development of specialized programs for children with high acuity requirements whose needs are not met by Iowa’s current system and must be served in out-of-state placements.
 - c. Transition PMIC services while providing services in a manner that applies best practices and is cost-effective.
3. The department of human services, in collaboration with PMIC providers, shall develop a plan for transitioning the administration of PMIC services to the Iowa plan. The transition plan shall address specific strategies for appropriately addressing PMIC lengths of stay by increasing the availability of less intensive levels of care, establishing vendor performance standards, identifying levels of PMIC care, providing for performance and quality improvement technical assistance to providers, identifying methods and standards for credentialing providers of specialized programs, using innovative reimbursement incentives to improve access while building the capacity of less intensive levels of care, and providing implementation guidelines.
4.
 - a. The transition plan shall address the development of specialized programs to address the needs of children in need of more intensive treatment who are currently underserved. All of the following criteria shall be used for such programs:
 - (1) Geographic accessibility.
 - (2) Expertise needed to assure appropriate and effective treatment.
 - (3) Capability to define and provide the appropriate array of services and report on standardized outcome measures.
 - (4) Best interests of the child.
 - b. The transition plan shall also address all of the following:
 - (1) Providing navigation, access, and care coordination for children and families in need of services from the children’s mental health system.
 - (2) Integrating the children’s mental health waiver services under the Medicaid program with other services addressed by the transition plan as a means for supporting the transition plan and ensuring availability of choices for community placements.
 - (3) Identifying admission and continued stay criteria for PMIC providers.
 - (4) Evaluating changes in licensing standards for PMICs as necessary to ensure that the standards are aligned with overall system goals.

(5) Evaluating alternative reimbursement and service models that are innovative and could support overall system goals. The models may include but are not limited to accountable care organizations, medical or other health homes, and performance-based payment methods.

(6) Evaluating the adequacy of reimbursement at all levels of the children's mental health system.

(7) Developing profiles of the conditions and behaviors that result in a child's involuntary discharge or out-of-state placement. The plan shall incorporate provisions for developing specialized programs that are designed to appropriately meet the needs identified in the profiles.

(8) Evaluating and defining the appropriate array of less intensive services for a child leaving a hospital or PMIC placement.

(9) Evaluating and defining the standards for existing and new PMIC and other treatment levels.

5. a. The department shall establish a transition committee that includes departmental staff representatives for Medicaid, child welfare, field, and mental health services, the director of the Iowa plan, the department of inspections and appeals, a representative of each licensed PMIC, the executive director of the coalition of family and children's services in Iowa, a person with knowledge and expertise in care coordination and integration of PMIC and community-based services, two persons representing families affected by the children's mental health system, and a representative of juvenile court officers.

b. The transition committee shall develop the plan and manage the transition if the plan is implemented. A preliminary plan shall be provided to the legislative interim committee authorized pursuant to division I of this Act for consideration by the committee in October 2011. The completed plan shall be provided to the interim committee by December 9, 2011, and any revisions to address concerns identified by the interim committee shall be incorporated into a final plan developed by December 31, 2011, which shall be submitted to the general assembly by January 16, 2012. The submitted plan shall include an independent finding by the director of human services, in consultation with the office of the governor and the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, that the plan meets the intent of the general assembly under this section. Unless otherwise directed by enactment of the general assembly the department and the transition committee may proceed with implementation of the submitted plan on or before July 1, 2012.

c. The transition committee shall continue to meet through December 31, 2013, to oversee transition of PMIC services to the Iowa plan.

6. The director of the Medicaid enterprise of the department of human services shall annually report on or before December 15 to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services through December 15, 2016, regarding the implementation of this section. The content of the report shall include but is not limited to information on children served by PMIC providers, the types of locations to which children are discharged following a hospital or PMIC placement and the community-based services available to such children, and the incidence of readmission to a PMIC within 12 months of discharge. The report shall also recommend whether or not to continue administration of PMIC services under the Iowa plan based upon the quality of service delivery, the value of utilizing the Iowa plan administration rather than the previous approach through the Medicaid enterprise, and analysis of the cost and benefits of utilizing the Iowa plan approach.